

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

02-19-1999 90088 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000587

1. Corporation Name

CHARITY CHRISTIAN MINISTRIES INC

Principal Place of Business

**8671 LEM TURNER
JACKSONVILLE FL 32208
US**

Mailing Address

**1637 WALNUT ST
JACKSONVILLE FL 32206
US**

77514 90088 38



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/29/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	\$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**WHITAKER, ANDRE
834 WASHINGTON ST
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, ANDRE L	1.2 NAME	
STREET ADDRESS	834 WASHINGTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
TITLE	TFC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, RICKEY	2.2 NAME	
STREET ADDRESS	1637 WALNUT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DONNA	3.2 NAME	
STREET ADDRESS	1343 CARVILL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 1999

Date

(904) 356-0355

Daytime Phone #

CR2E037 (11/98)